FORM NUMBER:	



## ON THE JOB TRAINING PROGRAM (OJT) MONTHLY TRAINEE REPORT EQUIPMENT OPERATOR TRAINEE (DUE ON THE 15TH OF EVERY MONTH)

TRAINEE NAME:					ENROLLMENT DATE:						
CONTRACTOR:				REPORTING MONTH:			REPORTING YEAR:				
BECO ASSIGNED NUMBER:								_			
PLEASE COMPLETE THE TRAINING PHASES COVERED THIS MONTH  WEEK ENDING HOURS  ADOT/OWNER  GOVERNMENT OF THE PROPERTY OF THE PROPE											
EQUIPMENT OPERATOR TRAINEE		Week 1	Week 2			Week 5	CONTRACT NUMBER	CONTRACT OWNER	TOTAL HOURS		
A	FAMILIARIZATION OF JOB SITE										
В	CONSTRUCTION BASICS										
С	MOTOR GRADER										
D	DOZER										
Е	BACKHOE / GANNON LOADER										
F	EXCAVATOR										
G	LOADER										
Н	ROLLER										
I	SCRAPER										
J	OPERATION OF EQUIPMENT										
K	HEAVY EQUIPMENT SAFETY										
L	MAINTENANCE										
M	TRAFFIC CONTROL										
N	PIPE INSTALLATION										
О	SUPPLEMENTAL TRAINING										
								TIME TRAINING THIS MONT			
	TOTAL TRAINING HOURS PRIOR TO THIS MONTH										
						<u> </u>	TOTAL TRA	AINING HOURS (CUMULATIV	E)		
EQUIPMENT OPERATOR COMPLETION LEVELS AND PAY RATES						TRAINEE AND TRAINER SIGNATURES					
	LEVEL 1 - 1,000 HOURS @ 60% DATE COM	PLETE									
	LEVEL 2 - 1,000 HOURS @ 65% DATE COM	PLETE									
	V TV TV 2 4 000 V OV TO C 700		-		TRAINEE SIGNATURE DATE						
				-							
	LEVEL 5 - 1,000 HOURS @ 80% DATE COM	PLETE			-						
	LEVEL 6 - 1,000 HOURS @ 90% DATE COM	PLETE			_		CONTRACTOR REPRESENTAT	TIVE SIGNATURE	DATE		
	6,000 OJT HOURS ACHIEVED CERITICATE OF COMPLETION	ON AWARDE	D								
Reaso	n for termination:				_	Date of termination	n:				
Comn	Comment:										
This form must be submitted electronically to the BECO and FIELD Office by the 15th of every month to - AZDOT.GOV/OJT											
THIS AREA FOR ADOT USE ONLY (BECO)											
ADOT BECO OFFICE APPROVAL: DATE: TITLE:											